Moore County Child Support Enforcement Agency Paternity Questionnaire for Children (completed by the mother and one must be completed for each child)

1 Naı	me Date of Birth
2. Fat	her's name
3. Do <u>y</u>	you have any doubts that he is the child's father? Yes No If yes, why?
4. In v	vhat state was your child conceived?
5. Nin Yes	e months prior to your child being born, did you have intercourse with any other man? S No If yes, with whom? When?
Wh	y do you think he is not the father?
6. If y	ou are married to the father, did you get pregnant before you got married? Yes No
7. Did	this man come to the hospital when the child we born? Yes No
8. Has	s he ever given you money or bought anything for the child? Yes No
9. Wh	at is your relationship with the father at this time?
10. Ha	s he ever told you he thought the child was not his? Yes No
11. ls	nis name on the birth certificate as the father? Yes No
12. Is	someone else listed as the father on the birth certificate?
13. WI	nen did you begin dating the father?
14. Dio	you ever live with the father? Yes No When?
15. Wł	nen did you let him know that you were pregnant?
16. WI	nat did he say?
17. Ar	e you legally married to this man? Yes No
	ve you ever been married? Yes No To whom? te of marriage
19. Are	e vou legally divorced? Yes No Date of Divorce